## **Application for**

## Public and/or Semi Public Swimming Pool and Spa

## For Annual or Seasonal Use - one application for each pool on site

Date:			
Location of Pool:			-
Owner of Pool:			
Contact Name:			
Phone Number:		Email (required)	
Type of Pool/Spa			
Annual:	or	Seasonal:	
Public:	or	Semi-Public:	
Swimming:	or	Special Purpose/Wading Pool:	
Has your pool ever obtained any varia	nces fror	m the Lynn Board of Health? Yes:	No:
Has there been any change in the con filtration system? Yes:	struction No:	of the pool or the water circulation's a —	and
The following documents must be atta	ached to	this application for an inspection to be	scheduled:
•	Spa Safe	cate(s) ety Act documentation including the life ool has/is required to have lifeguards	etime of the cover
Annual Pool Permit: \$100.00 Seasonal Pool Permit: \$75.00 Special Purpose /Wading Pool (annua *all permits will be emailed from "no			
For office use only:			
Date Paid:, Cash/C	Credit/Ch	eck, Clerk's Init	ials